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APPLICANTS

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none PD
 ** CONTINUING DATA *****

none PD
 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Paul Distler PD</i> Examiner's Signature Initials				

ADDRESS

30449

SCHMEISER, OLSEN + WATTS

3 LEAR JET LANE

SUITE 201

LATHAM, NY

12110

TITLE

METHOD FOR OPTIMIZING A SET OF SCAN DIAGNOSTIC PATTERNS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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